

## IN THE WITTED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

S. Y. LI et al.

Application No.: 09/820,695

Filed: March 30, 2001

For:

METHOD OF PLASMA ETCHING LOW-

K DIELECTRIC MATERIALS

Group Art Unit: 1763

Examiner: A. W. Olsen

Confirmation No.: 4162

## **AMENDMENT**

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed September 24, 2003, please amend the above-identified patent application as follows:

12/11/2003 MMEKONEN 00000007 024800 09820695

01 FC:1202

72.00 DA



Attorney Docket No.

Patent 015290-500

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## AMENDMENT/REPLY TRANSMITTAL LETTER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Enc	losed is a reply for the above-identified patent application.
	A Petition for Extension of Time is also enclosed.
	Terminal Disclaimer(s) and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee per Disclaimer due under 37 C.F.R. § 1.20(d) are also enclosed.
	Also enclosed is/are
	Small entity status is hereby claimed.
	Applicant(s) requests continued examination under 37 C.F.R. § 1.114 and enclose the \$385.00 (2801) \$770.00 (1801) fee due under 37 C.F.R. § 1.17(e).
	Applicant(s) requests that any previously unentered after final amendments <u>not</u> be entered.  Continued examination is requested based on the enclosed documents identified above.
	Applicant(s) previously submitted
	on, for which continued examination is requested.
	Applicant(s) requests suspension of action by the Office until at least which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
	A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed

Attorney Docket No	015290-500
Application I	No. 09/820 695

No additional claim fee is required.
An additional claim fee is required, and is calculated as shown below.

AMENDED CLAIMS					
	No. of Claims	Highest No. of Claims Previously Paid For	Extra Claims	Rate	Additional Fee
Total Claims	24	MINUS 20 =	4	x \$18.00 (1202) =	\$ 72.00
Independent Claims	2	MINUS 3 =	О	x \$86.00 (1201) =	\$ 0.00
If Amendment adds multiple dependent claims, add \$290.00 (1203)					
Total Claim Amendment Fee					\$ 72.00
Small Entity Status claimed - subtract 50% of Total Claim Amendment Fee \$					\$ 0.00
OTAL ADDITIONAL CLAIM FEE DUE FOR THIS AMENDMENT \$ 72					

X	A check in	n the amoun	t of is enclosed for the fee due.
×	Charge	\$ 72.00	to Deposit Account No. 02-4800.

The Director is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

P.O. Box 1404 Alexandria, Virginia 22313-1404 (703) 836-6620

Date: December 9, 2003

Peter K. Skiff

Registration No. 31,917